

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AD FILIO		AFFILIARY ASSIGNMENT		AFFILIARY ASSIGNMENT	
	CHD	DEP	CHD	DEP	CHD	DEP
1	1					
2	1					
3		2				
4		2				
5		1				
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50						
TOTAL IND.	2					
TOTAL DEP.	5					
TOTAL CLAIMS	7					

	AD FILIO		AFFILIARY ASSIGNMENT		AFFILIARY ASSIGNMENT	
	CHD	DEP	CHD	DEP	CHD	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						